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**Redistributing the Responsibility of Self-Care:
A Model to Prevent Early Burnout Amongst New Clinicians**

Capstone Thesis

Lesley University

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Art Therapy Specialization

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Abstract

Graduate students in mental health counseling programs are on the verge of entering a professional field that is notorious for perpetuating employee burnout. Recently, preventative self-care has been promoted as an actionable treatment to burnout. Internship sites, licensing boards, and academic programs hold clinicians accountable by requiring future clinicians to be competent in self-care. While these systems require competency in self-care, there seems to be a lack of adequate support and education surrounding the practice. The literature reviewed for this thesis indicated a need for reform. This need was evidenced by the various calls for systems to restructure the ways they support individuals in their self-care efforts. Specifically for future mental health clinicians, the support should come from the academic institution and the internship site. After reviewing relevant literature, this thesis proposes the implementation of the supported self-care model. The supported self-care model promotes an equal re-distribution of the responsibility of self-care amongst the academic institution, organization, and the individual. With this model in place, the hope is that future clinicians enter into their profession knowing the importance of supported self-care.

Keywords: self-care, burnout, compassion fatigue, responsibility, support, response art

The author identifies as a straight, White, cisgender woman from South Dakota of mixed European ancestry.

Redistributing the Responsibility of Self-Care:

A Model to Prevent Early Burnout Amongst New Clinicians

Students and soon-to-be mental health clinicians who fulfill their internship requirement in the midst of their graduate studies experience working environments similar to the ones they may find themselves in post-graduation. In a study measuring burnout, compassion fatigue and compassion satisfaction among mental health providers, Sprang et al. (2007) found that approximately 13% of the sampled population was at high risk of compassion fatigue or burnout. While fulfilling internship requirements, students are simultaneously contributing to and experiencing an academic environment. Research has demonstrated that 75% graduate students in clinical psychology programs report feeling moderately to very stressed in relation to their training (Myers et al., 2012). Both the academic and organizational realms require a significant expense of energy from the individual if they hope to achieve the ultimate goal of becoming a mental health clinician. This thesis explores preventative measures that students, organizations, and academic institutions can implement to nurture a student's well-being as they begin to enter into the field as a professional. Measures that will be explored in this thesis will be *self-compassion* and *self-care*, as there is adequate literature on these strategies being preventative. The implementation of self-care and self-compassion has been shown to be a way of taking preventative action towards *burnout* (Coaston, 2017; Posluns & Gall, 2019). Burnout is thought to be "characterized by emotional exhaustion and depersonalization" (Killian, 2008, p. 33). Other conditions that have been commonly researched alongside burnout are *compassion fatigue* and *secondary trauma*. In order to provide clarity throughout this thesis, terminology specific to this topic will be defined below.

- *Self-care*: The term *self-care* has been defined and re-defined across a variety of influential platforms including main-stream media and academic literature (Killian, 2008; Miller 2021). Despite its broad range of meaning, the words *self* and *care* lead one to assume that they must take sole responsibility to care for themselves. Therefore for the purpose of this thesis, self-care can be thought of as an individual-focused term that places the responsibility of well-being solely on said individual.
- *Supported self-care*: It is important to delineate between self-care and what will be termed supported self-care throughout this thesis. Supported self-care will refer to the assumption of what well-being can look like with appropriate and active support from organizational and/or academic institutions that the individual engages with.
- *Burnout*: The term burnout is often thought of a response to prolonged or repetitive exposure to demanding stimuli (Adams et al., 2006). As an occupational phenomenon, it is composed of three dimensions: (a) feelings of energy depletion or exhaustion; (b) increased mental distance from one's job, or feelings of negativism or cynicism related to one's job; and (c) reduced professional efficacy (World Health Organization [WHO], 2019).
- *Compassion fatigue*: While compassion fatigue is also a result of emotional demands related to work, the symptomology presents differently than those of burnout. Symptoms of compassion fatigue can include absenteeism and difficulty separating work life from personal life (Edwards & Goussios, 2021, p. 248).
- *Secondary trauma*: Burnout, compassion fatigue, and secondary trauma are all composed of overlapping definitions. Uniquely, secondary trauma can be characterized by the prevalence in PTSD symptoms (Killian, 2008, p. 33). Symptoms

can include anxiety, fatigue, sleep disturbance or fluctuation, intrusive thoughts, difficulty concentrating, and difficulty controlling anger (American Psychiatric Association, 2013).

In contrast to diagnostic self-care, implementing prevention strategies to combat burnout may be more desirable. Posluns and Gall (2019) shed light on research demonstrating that “interventions in reaction to practitioner burnout seem to demonstrate limited or no positive impact on the mental health of practitioners” (para. 7). There is additional research demonstrating that prevention is a more effective strategy for secondary trauma as well. A study conducted by Killian (2008) concluded that for clinicians working in high-stress jobs, even though individual-specific coping activities are beneficial to lower work stress, engagement in these activities does not directly impact the development of resilience or symptoms of secondary trauma (p. 43). Therefore, preventative strategies have been a new area of focus for researchers who wish to

nip stress in the bud before helping professionals become overwhelmed or exhausted, and before compassion fatigue begins to interfere with their abilities to concentrate, to remember relevant information about their cases, and to ‘hold the hope’ for their clients until such time that they can do so for themselves. (Killian, 2008, p. 42)

The mental health field will continuously shape and mold graduate students as they enter the professional world. Hopefully with the implementation of supported self-care, students can look back and say they have changed for the better rather than for the worse. Graduate level students are at the precipice of being exposed to trauma of all kinds. This caliber of repeated exposure places fresh clinicians in a unique position where many aspects of their lives are at risk for transformation (Killian, 2008).

As Miller (2021) stated, “there have been numerous calls for a cultural shift in psychology to create a culture of self-care” (p. 5). Research has demonstrated the responsibility of burnout prevention should not be placed solely on the shoulders of the individual. Rather, researchers suggest the responsibility be shared among the systems the individual contributes to (Edwards & Goussios, 2021; Killian, 2008; Miller, 2021). For example, Killian (2008) calls for a paradigmatic shift in which we move “our focus away from individualistic efforts at education and training and toward a more systemic approach of advocacy for healthier working conditions” (p. 43). Systemic change requires preparation and dedication from the systems themselves. Following a brief literature review, this thesis introduces a model for internship sites and academic institutions to implement and model appropriate self-care practices for the student. As discussed above, students are engaging in work environments, academic environments, and their own personal environments while striving to reach the ultimate goal of becoming a mental health clinician. Due to the individual’s engagement and contributions to each realm, the model is centered around a framework that distributes the responsibility for burnout and secondary trauma prevention to each environment. The first sector discussed is the academic institution, the second is the student’s field placement, and the third is the personal environment of the student. This model can be implemented in hopes that students can feel supported in self-care strategies in each of the three realms so that when they transition to the professional world, supported self-care is upheld as a value in their job search and future careers.

The implementation of this model benefits not only the individual student, but also the organizational and academic systems the individual contributes to. Considering the ramifications of burnout, it becomes clear that burnout is not only a threat to the individual, but to the workplace as well. When burnout is prevented, the longevity of the individual’s employment is

preserved (Simionato et al., 2019). With this model, I wish to expand the common ideas and definitions of self-care into reachable and teachable goals by placing shared responsibility on the organizations and institutions that the individual contributes to. Self-care is preached, yet hardly ever intentionally practiced. As Killian (2008) stated, “there is a gap between what people profess they believe and what they actually do” (p. 41). This phenomenon could be a result of the narrow scope that views self-care as an individual’s responsibility. Without systemic support, a normalization of the burden of unrealistic standards for self-care on the individual is created.

Literature Review

The Capstone option chosen for this thesis is Option 2, a Critical Review of the Literature. Through a critical lens, this thesis promotes preventative and supported self-care practices rather than diagnostic self-care at the individual level. Information from relevant literature was obtained in order to construct a model. This model is suggested to be implemented in academic institutions, internship sites or workplaces, and students’ everyday lives so that the burden of self-care can begin to be redistributed.

The following review will explore existing literature regarding the re-distribution of responsibility as it pertains to burnout and self-care prevalence among future clinicians. To make a case for the need for this re-distribution, this thesis will first consider the factors that indicate future clinicians’ risk for developing burnout symptoms. Next, existing literature containing various calls for the re-distribution of responsibility will be presented. Self-care practice and existing barriers to self-care practice will also be explored. Lastly, the review will conclude with an examination of literature on supported self-care within each of the supportive domains: academic/institutional, organizational, and individual.

Burnout

Risk Factors

As described previously, burnout can be characterized by emotional exhaustion, depersonalization, and diminished personal accomplishment as a result of chronic, work-related stress (Simionato et al., 2019; WHO, 2019). Burnout can also be thought of as a result of ongoing depletion of resources caused by repetitive exposure to stressors (Otto et al., 2021). Mental health professionals in particular are at risk of developing the symptoms of burnout due to repeated exposure to trauma and distress while serving clients (Adams et al., 2007; Simionato et al., 2019). Adams et al. (2007) stated that clinicians with high emotional involvement and without adequate support and job satisfaction are even more vulnerable. For example, Tarshis and Baird (2019) demonstrated how students who have previous or unresolved trauma could become susceptible to symptoms of burnout when they have shared traumatic experiences with their clients. Other risk factors could include high case load demands, irregular access to supervision, lack of a supportive social network, and lack of self-awareness (Killian, 2008, p. 36).

Research has shown that engagement in prevention strategies is key to combating the prevalence of burnout (Posluns & Gall, 2019). In the literature researched for this thesis, the term burnout was more prevalent compared to terminology such as secondary trauma or compassion fatigue (Adams et al., 2007; Killian, 2008; Miller, 2021; Posluns & Gall, 2019; Simionato et al., 2019). Therefore, prevention of burnout will be the main focus of this thesis, though it may be true that strategies presented for preventing burnout could also be researched as being preventative for secondary trauma and compassion fatigue. One study in particular asked employees from several organizations to implement burnout prevention—a series of inventories—in the work, home, and personal domains of their lives (Otto et al., 2021). The

study measured whether this prevention improved the participant's ability to maintain or increase their resources. Self-efficacy; social support from co-workers, supervisors, friends, family; and job autonomy were all examples of resources examined. The researcher's findings demonstrated that proactive burnout prevention positively affected an individual's ability to increase or maintain these resources. Therefore, the authors urged employees to take immediate action towards an integrated approach. Though these findings were supportive of proactive prevention for burnout, the method for this research was narrowly focused on the individual's ability to maintain their own well-being through a series of scaled questions. The model discussed in this thesis calls for an urgent implementation of an integrated approach for students. Rather than a narrowed focus, the model proposed below expands the lens to include domains surrounding the individual in an effort to redistribute the responsibility of self-care.

The Shift

Specifically for future and current mental health clinicians, many researchers have called for a shift from individualistic self-care efforts to a shared responsibility on the organizational and institutional levels (Burkhart, 2014; Callan et al., 2020; Killian, 2008; Miller, 2021;). The call for this shift is born out of the demand for individuals to practice caring for themselves, while simultaneously they are facing a variety of barriers halting their ability to do so. This requirement is outlined in the most recent American Psychological Association (APA) ethics codes and competency benchmarks. The competency benchmark for professional psychology 4C requires that professionals "self-monitor issues related to self-care and promptly intervene when disruptions occur" (APA, 2011, p. 4). Edwards and Goussios (2021) examined Australian ethics codes for the helping professions of nurses, social workers, and youth leaders. The research demonstrated that "all three codes put the responsibility on workers as individuals to practice

self-care or maintain ‘compassion satisfaction’ so as not to compromise their ability to undertake good and ethical practice” (p. 252). While these findings are specific to Australian workers across various professions, one could argue that American Psychological Association’s standards are similar in that they require the professional to monitor themselves (APA, 2011).

Self-Care

Current Perspectives

Though self-care has been shown to be beneficial, the actual engagement in self-care activities has been previously deemed as selfish or unprofessional (Callan et al., 2020). Some students may experience the fear that faculty members and peers would question their dedication to the profession if they engaged in self-care practice. Callan et al. (2020) suggests a multi-level shift towards modeling, teaching, and skill-development to combat the historically stigmatized notions of self-care.

Barriers to Self-Care

The fast-paced, urgent nature of the helping professions perpetuates a culture of neglecting the self. Van Dernoot Lipsky and Burk (2009) claim this sense of urgency often distracts workplaces from addressing how to retain healthy employees and sustain their well-being (p. 63). This culture creates barriers in the personal, academic, and internship domains for students to successfully engage in and value self-care. As interns in the organizational domain, students could develop hypervigilance “to the extent that being present for anything else in life can seem impossible” (Van Dernoot Lipsky & Burk, 2009, p. 64). Other barriers to self-care practice can include inadequate education or training, limited time, poor personal health practices, lack of financial resources, and feelings of shame, guilt or exhaustion (Burkhart, 2014; Callan et al. 2020; Coaston, 2017; Miller, 2021). As a result of disengagement in self-care, mental health

professionals are less likely to request assistance out of fear of being perceived as inadequate (Coaston, 2017). This thesis hypothesized that with the integration of a shared responsibility across the three domains, barriers to self-care can be alleviated.

Redistributing Responsibility

Call for Academic Institutional Efforts

Miller (2021) suggested that the shift away from individualistic responsibility can happen in the academic program by treating the practice of self-care as a competency benchmark within the program itself. The author urged that self-care be reframed as an ethical responsibility “of training programs, not just of students” (Miller, 2021, p. 5). Through a systematic review of existing self-care studies, Callan et al. (2020) found that an emphasis on self-care on a programmatic level had the most evidence for its ability to improve self-care, alongside the implementation of training interventions (p. 123). Support from this domain is important for students to carry the use of self-care strategies into their future careers (Posluns & Gall, 2019).

Additionally, by integrating self-care competency standards into graduate training programs, future clinicians have a better chance at maintaining quality service to their clientele post-graduation (Killian, 2008, p. 41). The APA benchmark 4C of the revised competency benchmarks calls for students to “understand the importance of self-care in effective practice; demonstrate knowledge of self-care methods; and attend to self-care” in order to demonstrate readiness for practicum (APA, 2011, p. 4). Though these competencies are expected of students, Bamonti et al. (2014) found only 43.4% of handbooks in clinical psychology programs referenced self-care. Incorporation of self-care language into existing program handbooks would be an excellent way to strengthen academic self-care efforts (Callan et al., 2020). Another example for implementation could include asking training programs to allow time for students to

engage in personalized self-care activities. Institutions could also ask instructors to take on the role of aiding in the facilitation of their students' self-care efforts (Burkhart, 2014).

By implementing self-care competencies backed by ethical duty, academic programs can begin to create what is called a culture of self-care (Miller, 2021). Creating a culture of self-care involves more than simply revising handbooks to include the ethical standards of self-care.

Bamonti et al. (2014) emphasizes the importance of needing members every level of graduate education to be on board. For students to truly adopt self-care as ethical duty, faculty, directors of clinical training, supervisors, department leadership, and colleges or schools within the academic institution need to be dedicated to creating a culture of self-care. This culture of self-care can also be cultivated on the organizational level, at graduate students internship sites or field placements.

Call for Organizational Efforts

Similar to the call for efforts from academia, a call for reform has been asked of organizations, workplaces, and agencies employing mental health professionals (Posluns & Gall, 2019; Tarshis & Baird, 2019). Van Dernoot Lipsky and Burk (2009) stated that “every larger system has an obligation to the people who make it work, as well as to the people it serves” (p. 17). The culture of self-care in this domain is particularly important for professionals to promote ethical practice throughout the span of their practice (Posluns & Gall, 2019). Suggestions for implementation could include annual self-care inventories and training sessions for employees.

Specifically for the student within the organization, supervisors play a role in creating the culture of self-care for the student counselor. The APA benchmark 4C of the revised competency benchmarks calls for interns to understand the role of self-care in effective practice, and to monitor self-care issues with their supervisor (APA, 2011). Though understudied, the

supervisory relationship as a support for self-care has strong theoretical basis (Callan et al., 2020). According to Tarshis and Baird (2019), quality supervision, described as supportive, accessible, informative, and reciprocal, encourages the student to participate in reflective thinking. Reflection is essential for the student to become aware of issues such as burnout and countertransference. Literature suggests that supervisors be attuned to their student's well-being, provide opportunities for open discussion, frequently review the student's caseload, and encourage the student to seek support from alternative sources such as other staff members or personal therapy (Tarshis & Baird, 2019).

Implementing adequate self-care support at the organizational level through the supervisory relationship initiates potential for change throughout the entire agency. This change is important not only for future clinicians, but for the clients they will serve as well. Van Dernoot Lipsky and Burk (2009) stated that "organizations themselves have the potential to either mitigate or exacerbate the effects of trauma exposure for all of their workers. The way those workers manage trauma will in turn have an impact on the experiences of already traumatized clients" (p. 21). With adequate support, individuals can begin to regularly engage with self-care practices.

Call for Individual Efforts

Van Dernoot Lipsky and Burk (2009) call for clinicians to be mindful by "slowing down enough to be curious about what is happening within" (p. 12). Though there is growing literature asking for systemic change, it would be ignorant to omit the responsibility of the individual to sustain personal self-care efforts. Evidence presented above suggests individual self-care efforts are easier to maintain when support is given from surrounding organizations and institutions. However, personal dedication to the practice of self-care is still necessary. Suggestions for self-

care strategies might include exercise, sleeping, balancing personal and professional lives, taking vacations, spending time with family and friends, personal therapy, and other such restorative activities (Burkhart, 2014; Killian, 2008; Miller, 2021). While these strategies have been found to be effective, their effectiveness is specific to the individual's needs, interests, and barriers to self-care. Miller (2021) suggests considering self-care to be a process or ability, rather than a set of expected behaviors or actions. The author further explained that "in conceiving of self-care as a behavior, we focus on the individual's actions and neglect the internal processes and external barriers that make self-care challenging" (Miller, 2021, p. 4). Adequate support from external domains and appropriate perception of self-care allows for students to become competent in their personal self-care efforts.

Discussion

Previous Models

The literature review above aims to present adequate material to support advancements towards supported self-care within the academic and institutional domain. Burkhart (2014) studied the effectiveness of the Integral Life Practice (ILP) as a model for clinical psychology graduate students (CPGs). The model included a 10-week intervention teaching self-care strategies to CPGs. Participants attended weekly 90-minute meetings in which educational modules were completed, goals were established, and individual achievements were discussed. Burkhart (2014) reported that the model was successful in terms of flexibility, inclusivity, and its ability to broaden perspectives of self-care. Participants were able to "examine their self-care needs and develop practices to meet those needs within a flexible, structured framework" (Burkhart, 2014, p. 68). Limitations of the model included time constraints and complexity of the

material. With academic institutional support, the ILP model has potential for success with students in counseling programs.

As previously discussed, there have been multiple calls for self-care support in the workplace and organizational domains. Unfortunately, this shift cannot happen instantaneously. The model presented below suggests implementing modifications within the supervisory relationship first. This approach plants the seed for larger developments within the organization itself at a later date. Tarshis and Baird (2018) presented a comprehensive framework for graduate-level social work students who work with individuals facing intimate partner violence. The ecological framework suggests systems surrounding an individual can have an impact on the individual's self-care practice. Much of the model presented in this thesis is informed by the framework presented by Tarshis and Baird (2018), as many social work and mental health students complete internships in similar site settings. The framework emphasizes the importance of the supervisory relationship. Tarshis and Baird (2018) shed light on the negative effects students can experience from listening to detailed accounts of extreme violence. While the supervisory relationship can provide the necessary emotional support for this exposure, the establishment of firm boundaries is crucial for success. The authors propose that students can also seek personal counseling as healthy supplement for emotional support.

Introducing new ways to process supervision material might be a helpful way to place emphasis on supported self-care within the supervisory relationship. Burgin (2018) provided a creative way for students to incorporate visual artwork into processing difficult material with their supervisors. The Processing Wheel is an arts-based intervention created for use within clinical supervision. After assessing the supervisees' comfort level with creative interventions, the supervisor can introduce the Processing Wheel as an intervention used to increase insight and

broaden perspectives about the internship site or specific experiences with clients. By providing a case example of successful implementation of the Processing Wheel in various settings, Burgin (2018) demonstrated how arts-based processing can foster self-awareness, encourage exploration, improve cohesion, and alleviate resistance amongst students.

Self-care activities that produce historical data or documentation hold potential for measurable self-monitoring. Engaging in response art has been shown to be particularly beneficial for helping clinicians become aware of countertransference issues. Response art can be defined as “art that is made by art therapists to contain, explore, and express clinical work” (Fish, 2012, p. 122). Fish (2012) promotes the practice of response art as a method of self-care, and suggests it is the art therapist’s responsibility to engage regularly with it for their own benefit and their client’s (p. 142). Similar to Burgin’s (2014) work with the Processing Wheel, Nash (2020) writes that “creating artworks make internal phenomenon available for further work through the viewing and sharing with others, particularly one’s supervisor, to work with partially processed material, to understand the therapist’s counter-transference reactions and experiences, and to build empathy” (p. 47). Continually creating artwork could provide an interesting documentation of experiences for the student to periodically review over the course of the internship.

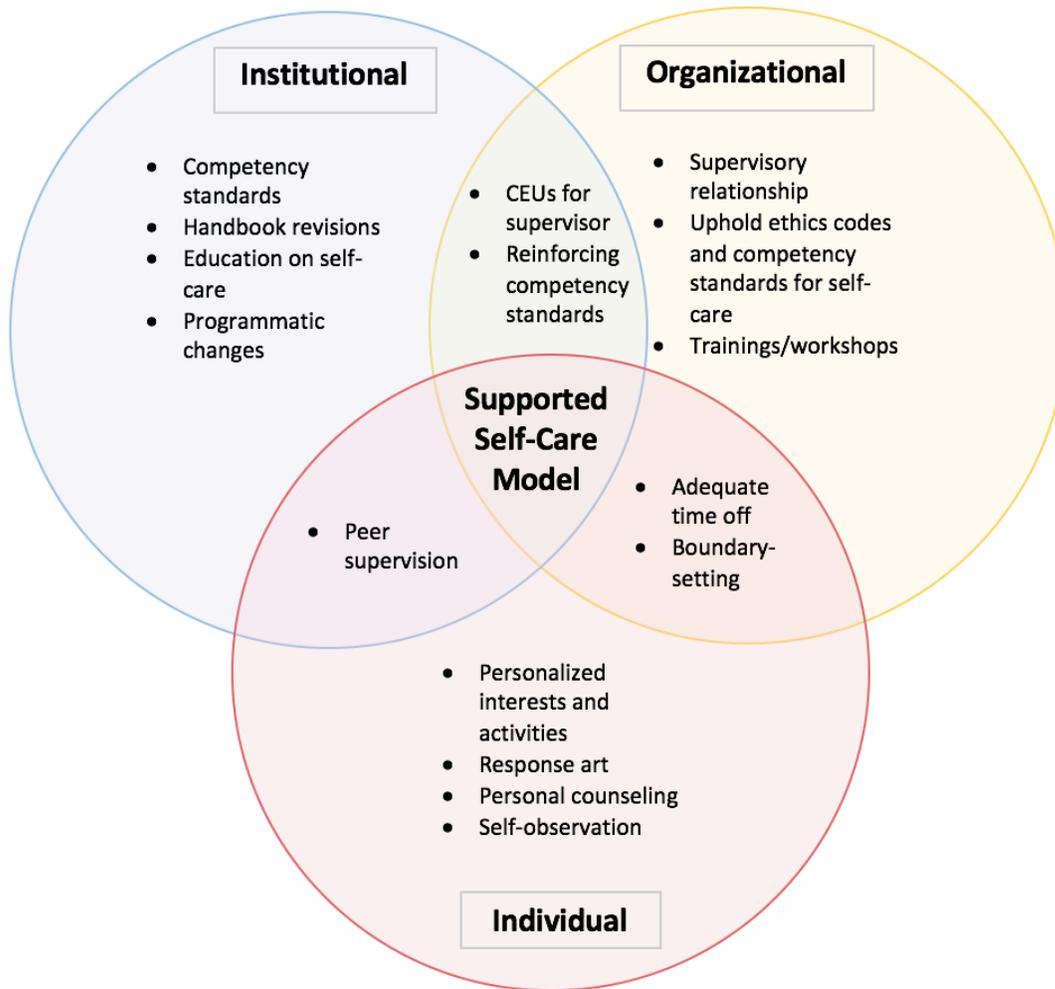
Ensuring that self-care activities are measurable allows for the individual to assess for competency. The ability to assess for competency helps students gauge when self-care improvement is needed. Santana and Fouad (2017) developed and validated a self-care behavior inventory (SBCI) that measures self-care behaviors amongst doctoral psychology students. Doctoral students used the inventory by self-assessing their self-care behaviors. According to the study, the inventory could be valuable for “maintaining adequate self-care to prevent burnout and

negative outcomes receiving health-care services” (Santana & Fouad, 2017, p. 140).

Incorporating unique ways to enhance and support self-care efforts of individuals may be the action needed to create a culture of self-care within the mental health profession.

Supported Self-Care Model

The supported self-care model is cumulatively informed by the existing literature and models previously mentioned. The individual’s engagement and contributions to each domain constitutes a model that re-distributes the responsibility for burnout and secondary trauma prevention. Therefore, the supported self-care model outlined in Figure 1 emphasizes equal distribution of responsibility between each of the academic/institutional, workplace/organizational, and individual domains.

Figure 1*Supported Self-Care Model**Academic/Institutional Domain*

Previously presented literature indicates various ways academic institutions can improve their ability to support self-care. The supported self-care model highlights a few of these actions. Academic institutions can implement or revise program competency standards to be in alignment

with the APA competency benchmark 4C (APA, 2011). Additionally, students should be made aware of these standards through the revision of programmatic handbooks (Callan et al., 2020). Subsequent systematic reviews of this language should be revisited by students and faculty of the program to ensure competency standards are up-to-date. Not only should students be aware of these standards, but they should also be supported in the achievement process of these standards. Adequate training and education about self-care practice should be integrated into the curriculum (Miller, 2021). It is important to note that this evidence-based training should be recurring throughout the curriculum and should be updated to meet student needs. As mentioned previously, Burkhart's (2014) development of the ILP model may be an important contribution when considering programmatic changes. While the supported self-care model places emphasis on the different roles an individual holds within each domain, there is also an overlap of those environments to consider. The academic program and the student's internship site typically communicate regularly to review the student's progress at the organization. Continuity between each domain should be encouraged to ensure adequate support in the student's self-care practice. Lastly, Callan et al. (2020) proposes that supervisors receive continuing education units (CEUs) for sufficiently fostering their supervisees' self-care practice.

Workplace/Organizational Domain

The main point of contact between the academic program and the student's internship site would typically be the student's supervisor. Therefore, the supported self-care model suggests that the supervisor be an integral support for the student's self-care practice. Supervisors can do this by routinely reviewing the student's needs throughout the course of the internship. This process may include checking-in with the student's capacity to maintain workload or caseload, asking students how the internship experience can be improved, and having genuine

conversations with the academic program. As many students complete unpaid internships, organizations should also be exploring ways to compensate their interns. In many instances, the supervisor and the program can act as advocates for these various avenues of support as well.

During review, the academic program should routinely assess for sites or supervisors lacking self-care competency or support. If inadequate organizational self-care support is suspected, supplemental support should be provided from the academic program. The academic institution could provide workshops or trainings for supervisors to share with the rest of the organization. The academic institution should also be working with students to ensure they are receiving vacation time off, appropriate caseloads, and adequate support in supervision. There is also significant overlap between the individual domain and the organizational domain. The individual certainly holds responsibility to be competent in self-care while completing an internship at the site. By encouraging appropriate work-life balance, the organization can potentially help the student be more successful in their personalized self-care efforts.

Individual Domain

As mentioned above, the individual holds great responsibility to become competent in self-care as a student and an intern. With support from the academic institution and organization, the student should be able to successfully engage in self-care strategies such as meditation, taking time off, socializing, and other personalized interests (Burkhart, 2014; Killian, 2008; Miller, 2021). Students can also engage in personal counseling and response art to deal with countertransference (Fish, 2012; Nash, 2020). Santana and Fouad (2017) suggest individuals use the SBCI to measure their own competency development in self-care. Lastly, there is overlap between the individual and academic domains. While instructor-led supervision is often a required part of the graduate mental health program curriculum, peer-led support is not often

viewed to be a vital part of the curriculum (Burkhart, 2014). Therefore, students often have to seek out peer support on their own. According to Burkhart (2014) peer-led supervision has potential to be a substantial support for self-care practice.

Conclusion

This thesis was written to review and integrate a variety of existing literature in order to materialize a model specific to the self-care practice of the mental health counseling graduate student. Much of the literature presented called for changes in self-care support at the organizational and institutional levels. As a way of answering the calls for change, I hope that the supported self-care model can be implemented. A major limitation of this thesis is that the suggested model has never been implemented or studied. I also acknowledge that the success of this model hinges upon equal participation from each of the three domains referenced in the model. With the rapidly growing body of literature on this topic, it is possible that there is relevant literature that was unbeknownst to me at the time of information-gathering. I hope that this thesis has meaningfully contributed to the existing literature and that it can be explored for implementation or further development in the field.

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In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

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